

Office of Vice Dean for Research Affairs

Readiness to Defend Form

Student's Name: Program: School: Student Number: Level:		ing: Defense Session for		
Greetings, We hereby confirm that the above student has held the preliminary defense with the supervisors and advisors. Enclosed we send you the completed <i>Preliminary Defense Assessment Form</i> , along with the supervisor's confirmation o student's readiness for defense, and a copy of the thesis for the jury. The defense session will be held on The thesis title, location and time of the defense meeting are as follows. Thesis Title: Location:		Student's Name:	Last Name:	
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Thesis Title: Location: Time: Proposed members of the committee are as follows: 1- 2- 3- 4- 5- 6-		*	• •	the supervisor's confirmation of the
Location:	The defense	e session will be held on	. The thesis title, location and time of t	he defense meeting are as follows:
Location:				
Location:	Thesis Title	:		
1- 2- 3- 4- 5- 6-				
3- 5- 6-	Location:			
5- 6-	Location:			
	Location: Time: Proposed n		ollows:	
7- 8-	Location: Time: Proposed n		pllows:	
	Location: Time: Proposed m		2- 4-	
9- Department Rep (who was assigned by the School Council on): Dr	Location: Time: Proposed m 1- 3- 5-		2- 4- 6-	
	Location: Time: Proposed m 1- 3- 5- 7-	nembers of the committee are as fo	2- 4- 6- 8-	
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School's Vice Dean for Educational Affairs

Department's Head